



03-08-07

Docket No: ACY33482-00  
Patent

ITW ap

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re of Application of: Hagen, Michael  
Application No.: 10/009,473 Group Art No.: 1648  
Filed: November 8, 2001 Examiner: Le, Emily M.  
For: ADJUVANT COMBINATION FORMULATIONS  
Confirmation No.: 3152  
Customer Number: 25291

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

AMENDMENT TRANSMITTAL LETTER

1. Transmitted herewith for filing is an amendment for this application.

PETITION FOR EXTENSION OF TIME

2. (a) Applicant petitions for an extension of the time for the total number of months checked below:

<input checked="" type="checkbox"/>	One Month.	Fee in the amount of	\$ 120.00
<input type="checkbox"/>	Two Months.	Fee in the amount of	\$ 450.00
<input type="checkbox"/>	Three Months.	Fee in the amount of	\$ 1,020.00
<input type="checkbox"/>	Four Months.	Fee in the amount of	\$ 1,590.00
<input type="checkbox"/>	Five Months.	Fee in the amount of	\$ 2,160.00

CERTIFICATE OF MAILING 37 CFR §1.10

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EQ890806562US addressed to the Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

Date

March 7, 2007

RoseAnn Jastrow

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If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

An extension for        month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.

OR

(b)  Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**Extension fee due with this request: \$120.00**

FEE FOR CLAIMS

3. The fee for claims has been calculated as shown below:

<b>CLAIMS AS AMENDED</b>				
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) HIGHEST NUMBER PAID FOR	(4) NUMBER EXTRA x RATE	(5) ADDITIONAL FEE
TOTAL CLAIMS	14	98	0 X \$ 50.00	0.00
INDEPENDENT CLAIMS	1	24	0 X \$ 200.00	0.00
MULTIPLE DEPENDENCY FEE			\$ 360.00	0.00
<b>Total Amendment Fee:</b>				<b>\$0.00</b>

No additional fee for claims is required.  
 Total additional fee for claims required: \$0.00.

4. Method of Payment of Fees:

Charge Deposit Account No. 01-1425 in the amount of: \$120.00.  
**A duplicate of this transmittal is attached.**

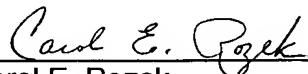
5. Instructions as to Overpayment:

Credit any overpayment to Deposit Account No. 01-1425.

6. Authorization to Charge Additional Fees

If any additional extension and/or fee for claims is required, charge  
Account No. 01-1425.

Respectfully submitted,



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